

98-84362-10

Wilson, Henry J.

The history of a sanitary
failure

Westminster

1900

98-84362-10

MASTER NEGATIVE #

COLUMBIA UNIVERSITY LIBRARIES
PRESERVATION DIVISION

BIBLIOGRAPHIC MICROFORM TARGET

ORIGINAL MATERIAL AS FILMED - EXISTING BIBLIOGRAPHIC RECORD

1339.1	
23	Wilson, Henry J
v 1	The history of a sanitary failure ... 5th ed. rev... London 1900 27 p. 22cm
	Vol. of Pamphlets
	Westminster, British Committee of the International Federation For the Abolition of State Regulation of Vice, 1900.

RESTRICTIONS ON USE: Reproductions may not be made without permission from Columbia University Libraries.

TECHNICAL MICROFORM DATA

FILM SIZE: 35mmREDUCTION RATIO: 10:1IMAGE PLACEMENT: IA ☒ IIA IB IIBDATE FILMED: 3/5/98INITIALS: F.C.TRACKING #: 32343

FILMED BY PRESERVATION RESOURCES, BETHLEHEM, PA.

BIBLIOGRAPHIC IRREGULARITIES

MAIN ENTRY: Wilson, Henry J.

The history of a sanitary failure

Bibliographic Irregularities in the Original Document:

List all volumes and pages affected; include name of institution if filming borrowed text.

____ Page(s) missing/not available: _____

____ Volume(s) missing/not available: _____

____ Illegible and/or damaged page(s): _____

____ Page(s) or volume(s) misnumbered: _____

____ Bound out of sequence: _____

____ Page(s) or volume(s) filmed from copy borrowed from: _____

____ Other: _____

X _____ between pages [2] - [3]

____ Inserted material: _____

TRACKING#: MSH32343

339.1
23

No 7 0

Aug 21

Prostitution - India

339.1
23
11

The History of A Sanitary Failure.

Extracts (mainly from Official sources) showing
THE RESULTS OF 90 YEARS EXPERIMENTS
in the
HYGIENIC REGULATION OF PROSTITUTION
IN INDIA.

Compiled by
HENRY J. WILSON, M.P.

FIFTH EDITION, REVISED, WITH APPENDICES.

ONE PENNY.

THE BRITISH COMMITTEE OF THE INTERNATIONAL FEDERATION FOR
THE ABOLITION OF STATE REGULATION OF VICE,
17, TOT HILL STREET, WESTMINSTER.

NOVEMBER, 1900.

The term "Regulation" conveniently comprises various methods for the hygienic regulation of prostitution; known also as the "Contagious Diseases Acts,"—"Police des Mœurs,"—and in India the "Lock Hospital" System. Whatever the names or methods may be, these systems involve the police supervision of prostitution, medical inspection of women, and imprisonment in hospital of such as are found to be diseased.

APPENDICES.

I.—EXPLANATION OF TERMS.

II.—OUTLINE HISTORY OF REGULATION UP TO DATE.

III.—REFERENCE TO SOURCES OF FULLER INFORMATION, ESPECIALLY ON THE MORAL, CONSTITUTIONAL, AND MEDICAL OBJECTIONS TO THE REGULATION OF VICE.

It has been thought convenient to retain the numbers of the paragraphs as in previous editions. But 6 and 22 have been omitted chiefly to make room for new matter; while, for greater accuracy, 11 has been placed after 14; 30 has been included in 25; and 42 and 43 have been transposed.

NOTE.—OCTOBER, 1910.

It is probable that circumstances will shortly require the publication of a new (sixth) edition of this pamphlet. But in the meantime two or three points may be noted.

It will be seen by the reference to Sir George White and Lord Wolseley, on page 26,* that when this appendix was added, paragraph 48 ought to have been modified, though it was true when first written in an earlier edition.

Considering that there was a continuous increase of disease during the time that the Regulation system was in full operation, and that there has since been an improved state of things, it seems only logical to assume that there must have been a new factor introduced into the case, and that new factor appears to be the encouragement to a decent life recently inculcated from these very influential authorities.

Further information from India has recently been received, showing that the horrible system condemned by the people of this country, and by the resolution of the House of Commons, quoted on page 19, is being evaded in India. Important correspondence has taken place with the India Office which will doubtless be dealt with in the next edition of this pamphlet. The figures for admissions to hospital in India have been greatly reduced of late years, partly due to changes that have taken place in the system of treating disease in and out of hospital, and partly, as mentioned by the authorities themselves, to "the efforts of regimental and other officers to occupy the spare time of the men in healthy pastimes, to make the regimental institutes attractive and comfortable . . . the better education and higher moral tone now existing among soldiers generally . . ." (Report on Sanitary Measures in India, in 1907-8; [Cd. 4762], of 1909, page 49.)

* Lord Kitchener has since taken action, more or less in the same direction.

The term "Regulation" conveniently comprises various methods for the hygienic regulation of prostitution; known also as the "Contagious Diseases Acts,"—"Police des Mœurs,"—and in India the "Lock Hospital" System. Whatever the names or methods may be, these systems involve the police supervision of prostitution, medical inspection of women, and imprisonment in hospital of such as are found to be diseased.

APPENDICES.

I.—EXPLANATION OF TERMS.

II.—OUTLINE HISTORY OF REGULATION UP TO DATE.

III.—REFERENCE TO SOURCES OF FULLER INFORMATION, ESPECIALLY ON THE MORAL, CONSTITUTIONAL, AND MEDICAL OBJECTIONS TO THE REGULATION OF VICE.

It has been thought convenient to retain the numbers of the paragraphs as in previous editions. But 6 and 22 have been omitted chiefly to make room for new matter; while, for greater accuracy, 11 has been placed after 14; 30 has been included in 25; and 42 and 43 have been transposed.

NOTE.—OCTOBER, 1910.

It is probable that circumstances will shortly require the publication of a new (sixth) edition of this pamphlet. But in the meantime two or three points may be noted.

It will be seen by the reference to Sir George White and Lord Wolseley, on page 26,* that when this appendix was added, paragraph 48 ought to have been modified, though it was true when first written in an earlier edition.

Considering that there was a continuous increase of disease during the time that the Regulation system was in full operation, and that there has since been an improved state of things, it seems only logical to assume that there must have been a new factor introduced into the case, and that new factor appears to be the encouragement to a decent life recently inculcated from these very influential authorities.

Further information from India has recently been received, showing that the horrible system condemned by the people of this country, and by the resolution of the House of Commons, quoted on page 19, is being evaded in India. Important correspondence has taken place with the India Office which will doubtless be dealt with in the next edition of this pamphlet. The figures for admissions to hospital in India have been greatly reduced of late years, partly due to changes that have taken place in the system of treating disease in and out of hospital, and partly, as mentioned by the authorities themselves, to "the efforts of regimental and other officers to occupy "the spare time of the men in healthy pastimes, to "make the regimental institutes attractive and "comfortable . . . the better education and "higher moral tone now existing among soldiers generally . . ." (Report on Sanitary Measures in India, in 1907-8; [Cd. 4762], of 1909, page 49.)

* Lord Kitchener has since taken action, more or less in the same direction.

THE HISTORY OF A SANITARY FAILURE;

BEING AN EXTENSION OF STATEMENTS MADE AT THE CONFERENCE
OF THE INTERNATIONAL FEDERATION FOR THE ABOLITION OF STATE
REGULATION OF PROSTITUTION, HELD AT BERNE, 16TH-18TH
NOV., 1896, BY HENRY J. WILSON, M.P.

The Regulation system is grossly immoral. That is the main ground on which it has been attacked—on which it ought to be attacked. Its advocates generally admit that it cannot be defended on moral grounds; and they fall back on medical grounds; maintaining that success from a sanitary point of view is a sufficient justification for such a system.

It is therefore desirable sometimes to fight such advocates with their own weapons, and to show that the effort to "render the "practice of prostitution, if not absolutely innocuous, at least "much less dangerous," has been a dismal failure.

The statistics of disease put forward by Regulationists in support of their hobby have been exposed again and again, notably by Sir James Stansfeld and Dr. Nevins, who have demonstrated that the Regulation system is condemned by these very statistics.

The object of this paper is not to discuss the moral aspect of the question, nor to deal with statistics, but to show, chiefly by quotations from official sources, that the history of Regulation in India is a history of failures. It will also show, incidentally, what the system really is, and the lengths to which its admirers are ready to carry it. But it makes no pretence to be a complete history.

It will be seen that the reasons given for the failure of the Regulation system in India fall into two classes, and that the remedies which are suggested fall into corresponding classes. One class of opinions is that the system has failed because, even under the best regulations which are practicable, success is impossible. The corresponding suggestion is that the system should be abandoned, and reliance placed on moral means alone. The other class of opinions is that the system has failed because it has not been stringently carried out, or because the authorities have been too squeamish. The corresponding suggestions are, that fresh classes of women should be brought under police control and medical inspection, and that elaborate arrangements should be carried out for gratifying the passions and meeting the convenience of profligate men.

EARLY HISTORY.—DR. GORDON'S "NOTES."*

- (1.) Dr. Gordon, who held important official positions in India, and had access to official documents, says, as to the Madras Presidency:—
1805. Lock hospitals† "were set on foot at all the larger stations of the Madras Presidency."
1806. "A Report on their working stated that with two exceptions, cases of venereal diseases had *increased since* the lock hospitals had been opened, observing at the same time that the increase in question was chiefly attributable to the want of an efficient police to take up infected or "suspicious women."
1806. "Nine out of the 17 hospitals of this nature were accordingly abolished by order of Government."
1810. It was stated that one soldier in seven at Bangalore was diseased. Lock hospitals were re-established in the stations in the Madras Presidency where there were British troops.
1831. The Directors of the East India Company reconsidered the propriety of abolishing lock hospitals, Lord Bentinck having stated his opinion that 'a more useless plan was never devised for preventing the diffusion of venereal, and that 'they had utterly failed.' The Madras Medical Board thought otherwise. . . . Their opinion, however, was set aside, and in 1835, the hospitals in question were closed "by order of the Government."
- 1833 and 1839. It was stated that disease had increased.
1842. The hospitals were "re-opened at several stations, although more as charitable institutions than upon their former footing."
- 1855-59-60. Regular lock hospitals were re-opened at several other stations.
1861. "Registration and inspection . . . were made obligatory, and . . . have continued with trivial modifications," till 1890.
- (2.) Dr. Gordon says, as to the Presidency of Bengal:—
1828. There is evidence that the lock hospital [that is Regulation] system was in operation at some stations.
1850. The lock hospitals were abolished, after the Bishops of Calcutta and Bombay had protested against them.

* "Notes on the Early History of Contagious Diseases Acts in India. By Surgeon-General C. A. Gordon, Hon. Physician to Her Majesty the Queen."—*Medical Press and Circular*, April 30, 1890.

† See App. I. for explanation of this term.

There were conflicting reports as to the increase or decrease of disease. It is recorded that "*regulations were privately enforced* such as would not have been sanctioned by the higher authorities." A further statement is that "orders were issued for its suppression, but *somehow or other*, although not officially recognised, the system continued for many years afterwards." (Compare paragraph 44, page 22.)

1838. The Medical Inspector-General observed that the *immediate result* of the abolition of lock hospitals was a *decrease* in the disease, "and this decrease continued up to 1837 inclusive," that is for seven years.

ROYAL COMMISSION, 1859-63.

- (3.) 25th Nov., 1859. Sir Ranald Martin, C.B., F.R.S., Physician to the Council of India, in giving evidence said, "Police regulations were formerly enforced at the stations; and courses of inspection and locks were established, but they have been **established and abolished, and established and abolished over and over again**, so that I do not know what is now in existence, or whether there is anything in existence on the subject." (Vol. i., Q. 112.)
- (4.) Appendix 2 to the Report of this Commission is a communication "From D. Grierson, M.D., Surgeon-Major, Staff Surgeon to the President of Committee on Questions of Royal Sanitary Commission." It is dated Kurrachee, 31st Dec., 1860. Dr. Grierson refers to "the recorded opinions, or, in one instance, oral testimony of Lord F. Fitzclarence, Sir Bartle Frere, General Jacob, Colonel Edwards, and Sir John Lawrence, on the subject in question, and this weight of authority was thrown into the scale which bore the condemnation of the lock hospital system. LORD F. FITZCLARENCE,* through the Adjutant-General, announces his views thus:—'I am directed to intimate that after giving the whole subject his best attention, His Excellency concurs with his predecessors in command of the army, that police measures for preventing the infection of the soldiers with the venereal disease, cannot be carried further than herein ordered (this alludes to orders for expulsion) without involving the certain degradation and oppression of many women of respectable character, and occasioning other evils which in his Lordship's opinion would be much greater than that which it is the object to remedy.' GENERAL JACOB, amongst other remarks, makes the following:—'I would not interfere with these women in any way, and although it might be good policy to provide dispensaries or hospitals, to which such persons might resort if they chose, there should be none specially set apart for them. The proper and only wise method of reducing this

* Lord F. Fitzclarence was Commander-in-Chief in the Bombay Presidency, Nov., 1852 to March, 1855.

'disease is to improve the condition, the state of moral being, of those who resort to these women. Coercion of every kind always increases these evils. *Moral forces alone are of any value.*' (Vol. ii., Page 822.)

'The Royal Commissioners, while approving the re-organisation of the measures formerly adopted, went on to say:—"There is one means of reducing the temptation resulting in sexual disease, which ought to be encouraged, and that is to improve the soldiers' condition in the way of occupation, instruction, and recreation,—in fact to occupy his wasted time beneficially and rationally. The late General Jacob was fully aware of this when he stated that 'moral forces alone are of any value.'

'So far as we can deal with this question, occupation appears to us to afford the most reasonable hope of diminishing this great scourge, by leading men away from the canteen and from vice.' (Vol. I., page lxii.)

A PLAIN-SPOKEN DESCRIPTION.

(5.) What was really done is described by Dr. Ross in his evidence before the Royal Commission of 1871. His Indian experience appears to have been from 1859 to 1868. He says:—

'When a regiment arrives in India, a certain establishment is told off for each regiment as it arrives, and amongst others there is an establishment of prostitutes, who are housed in the bazars,† and regularly looked after by the matron appointed for the purpose, and superintended and examined by the surgeon of the regiment.' (Q. 15,129.)

'When a regiment goes on a line of march, there is a farm to be filled up, and in one column there is amongst the camp-followers one for prostitutes, showing the number who are permitted to follow the regiment; and those women we made a point of examining every fortnight.' (Q. 15,168.)

'There is a head woman under the name of the Matranee, who is at the head of the kusbies or prostitutes. She selects the women. She is told that such and such a regiment is coming into the station, and, according to whether the regiment has had a name sent before it or otherwise, she gets a small or a large number of women to come to her.' (Q. 15,179.)

'When I got to India with my regiment . . . there were only 12 women came, but I desired that they should increase the number, because I knew that it would only be a source of disease afterwards, having such a small number of women for such a large number of men.' (Q. 15,180.)

† See App. 1. for explanation of this term.

"There is a certain class in India who are prostitutes by profession, and it is difficult to get the other classes to become prostitutes except occasionally and on the sly. Those you cannot lay your hand upon." (Q. 15,183.)

Dr. Ross's evidence was confirmed by that of Lieutenant-General Lord Sandhurst. (Q. 15,194—15,275.)

REPORT ON SANITARY MEASURES IN INDIA IN 1874-75.†

(7.) The Army Sanitary Commission remarks:—

"It is a number of years since lock hospitals were established at Indian Stations, and since police rules have been in force, and these are the results. . . . The entire past experience appears to bear out this view, **already expressed by the Commission, that the amount of venereal disease in the Indian Army is irrespective of lock hospitals**, and depends on yet other undiscovered points about the disease. Practically, there can be no doubt that the whole past experience has justified Dr. Cunningham's* own opinion, expressed in the present Report, that, 'whatever view may be taken of the question, it is evident that the rules for the prevention of venereal disease among European troops have in great measure failed, and the results have fallen far short of what was anticipated.'

"If the rules cannot be worked so as to produce better results, **the question must soon be asked whether they are not positively injurious, by leading men to depend on a security from disease which does not exist?**" (Page 133.)

(8.) The Army Sanitary Commission remarks on Madras:—

"The facts, taken as a whole, show the same remarkable variations in the amount of syphilis year by year, and also station by station, to which the Commission has directed attention

† This is the first of a series of Reports annually presented to Parliament. Each of them consists of Abstracts of Reports from the Sanitary Commissioner with the Government of India, and the Sanitary Commissioners of various provinces. On each of these Reports the Army Sanitary Commission (in London) furnishes a "Memorandum." The whole is preceded by a general statement prepared in the India Office. Extracts from these documents and in two instances from a special Memorandum of the Army Sanitary Commission, form a great part of this pamphlet. Had the whole of the available material been utilized this pamphlet would have been several times its present length. It will be seen that the extracts are taken in part from the earlier years, in part from about the middle, and in part from the latest available years.

The Army Sanitary Commission is a permanent body, with an office in London, and has usually consisted of eight leading Military and Medical experts. It is the highest official authority on all questions affecting the health of the Army.

* Dr. Cunningham was then the Sanitary Commissioner with the Government of India.

in previous years. It must apparently be admitted that the prevalence of syphilis at any given time is influenced by other causes than mere infection. The year's tables show 'a very 'unsatisfactory retrogression' as compared with the results during the preceding four years. At several protected stations a very large increase of syphilis took place, which is accounted for, in the opinion of medical officers, by insufficiency in the police supervision. The complaint on this subject made in old times is simply repeated now. Formerly, the result led to the abandonment of lock hospitals."

(9. The Army Sanitary Commission, commenting on the Reports on lock hospitals of Madras Presidency, says:—

"It is not intended to raise any cavil on the subject, but it is not easy to evade the conclusions deducible from the facts as a whole, viz. **that the amount of syphilitic disease at these stations does not depend on the existence or non-existence of lock hospitals,** or, as an alternative, that the regulations are inadequately or irregularly applied, and do not include all the classes from which infection may come.

"These points are dealt with in the Reports for 1873 and 1874, in the last of which are reproduced new facts, which are in reality very old facts reproducing themselves in the experience of to-day.

"In the 1873 Report, the presumed cause of decline in efficiency of the regulations at certain stations is the same as formerly alleged, namely, that disease is contracted not so much from registered as from clandestine prostitutes, the latter being patronised more or less by troops from choice and opportunity. This is an old evil, and it will tax local ingenuity to deal with it." (Pages 191-2.)

"Up to the present time, it is to be feared that the experience of lock hospitals in Madras Presidency reads like an argument, if not for their suppression, at least against any reliance being placed on their efficacy in protecting British troops from these diseases. The whole question was carefully considered by the Royal Commission on the Sanitary State of the Indian Army; and, while acceding to the propriety of a further trial of measures of the class which have been re-introduced in India, the Commissioners conclude with the following expressions of opinion, the force of which has certainly lost nothing from late experience of the effect of these Indian regulations:—

"There is one means of reducing temptations resulting in sexual disease which ought to be encouraged, and that is to improve the soldier's condition in the way of occupation, instruc-

tion and recreation; in fact, to occupy his wasted time beneficially and rationally. The late General Jacob was fully aware of this when he stated that "moral forces alone are of any value." So far as we can deal with this question, **occupation appears to us to afford the most reasonable hope of diminishing this great scourge,** by leading men away from the canteen and from vice." (Pages 192-3.)

(10.) The Army Sanitary Commission remarks on Bombay:—

"Some stations exhibit a much greater number of admissions from various forms of venereal disease than others, and the curious fact is repeated in these Bombay stations which has been observed in other parts of India, that **stations unprotected by lock hospitals do not always afford so high a proportion of admissions as protected stations.**" (Page 177.)

REPORT ON SANITARY MEASURES IN INDIA, 1875-76.

(12.) The Sanitary Commissioner with the Government of India says:—

"... in spite of a very general introduction of the rules for the prevention of venereal disease among European troops, **the results hitherto have been a failure.** ... The practical question to be determined is, what effect have the lock hospitals in numerous stations over the country had in diminishing venereal disease among British soldiers in India, and the answer that must be given to this question is not favourable. ... **Nowhere has any permanent and decided impression been made on this class of diseases.** ... **The stations with lock hospitals have established no decided superiority over those without them.** It is argued that the disease is now of milder type than it used to be; but no facts have been adduced in support of this statement, nor does it appear how such a result could have been attained, unless it be admitted that the disease is contracted from the registered women, for the others are under no surveillance, and cannot have been affected by the system. **It is very disappointing to be obliged to acknowledge that the lock hospitals have failed.** They were introduced at the recommendation of the Sanitary Department, and year by year their working has been carefully watched, and suggestions have been made by that Department in the hopes that success would yet be attained; but so far these hopes have not been realised, and it is very evident either that the women who are the real source of evil still escape detection, or—and this is a danger which does not appear to be sufficiently appreciated—that registered women, though to all appearance healthy, are yet capable of propagating disease." (Page 73.)

(13. The Army Sanitary Commission remarks on Madras :—

"Whatever may be alleged as the causes of these very various admission rates, one thing appears to be self-evident, viz., that lock hospitals and police regulations have hitherto failed to check this serious cause of inefficiency in the Madras Army." (Page 177.)

(14. The Army Sanitary Commission, commenting on the lock hospitals of Madras, says :—

" . . . So far as past experience enables an opinion to be formed on these 'protective' measures in Madras Presidency, it must apparently be that the results have scarcely justified the trouble, outlay, and interference with personal liberty which they have involved; and there is no evidence to show that they have materially lessened the amount of venereal disease among British troops." (Page 256.)

(11. The Report prepared at the India Office, reviewing the documents from which the foregoing extracts are taken, emphasises the expressions in some of them as follows :—

"Dr. Cunningham [the Sanitary Commissioner with the Government of India] is strongly impressed with the apparent failure of the lock hospital system in diminishing venereal disease among British soldiers in India, and observes that it is very evident either that the women who are the source of mischief escape detection, or that registered women, although apparently healthy, are yet capable of propagating disease." (Page 24.)

"The [Madras] Government expressed their belief* that by a steady and discreet application of the means provided by the Act much may be done to decrease venereal disease among British troops.

"The Army Sanitary Commission gather from the reports that to keep down clandestine prostitution 'would require a 'degree of zeal and hourly watchfulness which is never likely to 'be carried out.'" (Page 26.)

CIRCULAR OF THE COMMANDER-IN-CHIEF.

(15.) On the 8th May, 1876, a circular was issued, Sir F. P. Haines, being Commander-in-Chief, and Major-General F. S. (now Lord) Roberts, Quarter-master General, pointing out, amongst other things, that "the number of women on the register is not in proportion to the number of men who visit them," and suggesting "the improvement of the conditions under which the women ply their trade, such as greater privacy, facilities for ablution, &c., &c." (Parliamentary Paper, No. 197 of 1888, Pages 5-6.)

* Many years' subsequent experience afford, as the following pages will show, a strange commentary on this sanguine "belief" of that Government!

REPORT ON SANITARY MEASURES IN INDIA, 1876-77.

(16.) The Sanitary Commissioner with the Government of India says :—

"Towards the close of 1876 each Local Government was asked to submit a review of the working of the lock hospitals within its province, and the general result of the enquiry has been to show that the chief obstacle to the greater efficiency of the lock hospital system is the difficulty of controlling unlicensed prostitution." (Page 55.)

(17.) The Sanitary Commissioner for Bombay says :—

"It is not satisfactory to find, after all the expense incurred by putting the Contagious Diseases Act into force, that venereal diseases should be as prevalent as they are here shown to be. The real fact is, that however good the police and medical arrangements may be in compelling resident prostitutes to register themselves, and in detecting cases of disease among such women, they are yet powerless to prevent illicit intercourse with women in the fields and along the roads in the vicinity of cantonments. It would be impracticable to try and prevent this by establishing a cordon of police; but several officers have mentioned to me their belief that the establishment of regimental Lal Bazaars would tend to diminish this practice. . . . In my opinion, the real measures to adopt lie in quite another direction. I am certain that the enforced idleness of the life the British soldier leads in India tends very materially to the prevalence of both drunkenness and incontinence, and that the only effectual remedy for diminishing the large annual loss of service to the State from each of these vices is to afford the men such healthy employment as will occupy their minds, and so lessen the temptation to commit them." (Pages 97-8.)

(18.) The Army Sanitary Commission remarks on this :—

"This was the view of the Royal Commission, stated 15 years ago,* The remedy has never been properly tried, and despite all other measures, drunkenness and vice are as rife as they were." (Page 142.)

(19.) This important statement is emphasised in a special "Memorandum of the Army Sanitary Commission, on correspondence relating to the working of Lock Hospitals in India," in which they say :—

"Whatever police measures may be tried in attempting to diminish the present evil, it must not be overlooked that the evil itself is a moral one, and in this respect is to be remedied only by the gradual moral elevation of the soldiers, and by the

* See quotation in par. 4, and further alluded to in par. 19, of this pamphlet.

growth of self-control among them, aided by more rational diet, abstinence from strong drink, and facilities for occupation. . . .

"These were substantially the remedies proposed by the Royal Commission on the Sanitary State of the Indian Army 15 years ago and the intervening experience has made no change in their apparent necessity." (Page 219.)

As regards Kamptee, the Army Sanitary Commission says: "The protective machinery at this station appears to be tolerably complete as far as the law admits; but notwithstanding this fact, the admissions to strength in 1876 were 280 per 1000. To meet the necessities of the case, the Medical Officer expresses his 'emphatic opinion that, until stringent rules are framed for the supervision of all female punkah coolies, grass cutters, and the host of other native females employed in and about barracks, these women will always form a fruitful source of venereal disease among the troops.' . . . The proposal only shows how little dependence can be placed on these rules, which appear to have been zealously applied at Kamptee with a very inadequate result." (Page 222.)

As regards Secunderabad, after quoting the figures and the Surgeon-General's opinion that "these results are disappointing," the Commission goes on to say: "If Secunderabad exhibits the best attainable results with what appears to be a tolerably complete organization, and if it can be rendered nugatory in this way by clandestine prostitution, the question naturally arises as to what is the use of the lock hospital and registration?" (Page 223.)

REPORT ON SANITARY MEASURES IN INDIA, 1877-78.

(20) ". . . The annual ratios for the Army, as a whole, show no steady and gradual improvement, and the important fact is pointed out by Dr. Cunningham that there is often no relation between the forms of disease which affect the men and those from which the women suffer." (Page 18.)

(21) The Army Sanitary Commission says:—"There is no proof that any improvement in the health of British regiments has been effected by lock hospitals." (Page 107.)

(23) The Army Sanitary Commission says, as to Bombay:—

"Bombay, which has no lock hospital, had fewer admissions in both years than many stations which have them." (Page 181.)

(24) The Army Sanitary Commission, commenting on the lock hospitals of Madras, says:—

"These are the year's facts so far as they bear on the health of British troops. And it may be asked: If these facts are in any

sense to be accepted as a success for the present protective machinery, what kind of facts would indicate a failure?"

"It is easier to expose failures than to suggest feasible remedies. The only light as to any such lies in the complete suppression by the police of clandestine prostitution. If this cannot be accomplished, then it will be for the Government to consider whether there is anything in the past experience of these preventive measures to justify the cost of their continuance. The idea of recurring to *lal bazaars*, which appears to have suggested itself as the last possible remedy for an evil which, as we have before pointed out, is a moral one, is out of the question on the ground of its immorality. Its tendency would be to increase the mischief, and it would, moreover, leave untouched the whole question of clandestine prostitution." (Page 196.)

DESPATCH FROM THE VICEROY AND HIS COUNCIL AS TO THE FAILURE OF THE SYSTEM.

(25) 16th June, 1882. The Government of India (Lord Ripon, Viceroy), in a despatch to Lord Hartington, discusses at considerable length, not only the failure of the Indian Contagious Diseases Act, but also the "risk of oppression and injustice," and says: "For all these reasons we are of opinion that the time has come to abandon a measure which has never in practice been a complete success; which is odious in the eyes of our native subjects, and in those of a large and influential class of Europeans. . . . We shall be glad to know that your Lordship concurs in these views, and consents to the early repeal of Act XIV. of 1868 [i.e., the Indian Contagious Diseases Act].

"In the above observations we have not dealt with the lock hospital system as applied to cantonments.* As your Lordship is aware, the measures taken for repressing venereal disease among European soldiers in this country have also proved unsuccessful. . . ." (Parliamentary Paper No. 200, of 1883, Page 66.)

9th June, 1882. In an official letter written seven days before the date of the above despatch and presumably forwarded with it, Sir Anthony Home, K.C.B., V.C., Surgeon-General and Principal Medical Officer, British troops in India, says:—"It is surely obvious that failure after 17 years' application means nothing more nor less than the hopeless inadequacy of the measure to effect the purposed end. . . . In my opinion it would be as hopeful to try to 'stamp out' a 'Will-o'-the-Wisp,' as to 'stamp out' venereal disease in a cantonment, by the machinery of the registration and segregation of a few women called prostitutes, out of a multitude of unchaste women." (Parliamentary Papers, 200 of 1883, p. 75; and 158 of 1888, p. 10.)

* For difference between the Contagious Diseases Act and the Cantonment Act and Rules, see App. I.

20th October, 1882. The Secretary of State for India (Lord Hartington) replied that he deemed it premature then to repeal Act XIV. of 1868, but he gave permission to suspend its operation. (Idea, Pages 72-74.)

Enclosed with this reply was a Memorandum of the Army Sanitary Commission, dated 9th September, 1882, reviewing the circumstances at some length, and concluding thus:—

"The result of this protracted inquiry and discussion therefore is:—

"1. That Contagious Diseases Acts have failed in India to protect the health of troops from venereal diseases.

"2. That there are no facts on which the continuance of the present measures can be sustained.

"3. That as the sources of infection are on all hands admitted to lie amongst classes of population which cannot be brought under these Acts, the Commission would suggest that the true remedy for the existing state of the disease may be found to be in a properly organised system of dispensary and hospital relief for the use of all classes, and strictly voluntary in its application." (Idea, Page 76.)

ANOTHER CIRCULAR OF THE COMMANDER-IN-CHIEF.

(26.) 26th November, 1883. A circular was issued, Sir D. M. Stewart, being Commander-in-Chief, and Sir C. M. Macgregor, Quartermaster General, containing a number of minute directions for facilitating prostitution in cantonments, and urging "that careful attention . . . be directed to the following points, wherever free quarters for registered women have been or may hereafter be established:—

"Where cantonment funds can afford it, experienced and reliable Dhais [women employed to look after the prostitutes—usually old prostitutes themselves] should be employed to supervise the registered women. . . ."

"Such Dhais should be well paid if the fund can afford it, and they should be held responsible that:—

"The women under their charge consort with none but Europeans. . . ."

"The Dhai should examine the women daily between the periodical inspections of the medical officer. . . ."

"Every house should therefore be numbered outside, or in some conspicuous spot inside, and a soldier, on reporting himself sick, should not be required to personally point out the woman from whom he contracted the disease, but merely to give the number of her house. . . ."

"His Excellency will be prepared to sanction any reasonable expenditure from Cantonment funds for the purposes suggested." (Parliamentary Paper, No. 197, of 1888, pages 6 and 7.)

REPORT ON SANITARY MEASURES IN INDIA, 1883-84.

(27.) "Venereal diseases were even more common in the European Army in 1883 than in the previous year. . . ."

"In the 14 years ending 1883, the average admission-rate for the whole army in protected stations was 223 per thousand, while in unprotected stations it was only 3 per thousand higher." (P. 3.)

(28.) The Sanitary Commissioner with the Government of India says:—

"The diminution of venereal diseases in protected stations for the Army as a whole is quite insignificant." (Page 59.)

(29.) The Army Sanitary Commission says:—

"It is unnecessary to discuss the subject, as all the past experience shows that none of the methods hitherto adopted for dealing with them (i.e., the diseases appear to have made any material impression on their amount." (Page 130.)

YET ANOTHER MILITARY CIRCULAR.

(31.) 12th July, 1884. An official circular was issued, Sir D. M. Stewart, being Commander-in-chief, and Sir C. M. Macgregor, Quartermaster General, requesting "that the attention of Officers commanding stations may be drawn to the desirability, when constructing free quarters for registered women, of providing houses that will meet the wishes of the women. **Unless their comfort and the convenience of those who consort with them is considered, the result will not be satisfactory.**" (Parliamentary Paper, No. 197, of 1888, Page 7.)

REPORT ON SANITARY MEASURES IN INDIA, 1884-85.

(32.) "In spite of police and lock hospital precautions, the admissions from these diseases continue to increase. (Page 3.)

(33.) As to Madras, the Surgeon-General states:—

"We are forced to admit—by a perusal of the figures—that lock hospitals have hitherto been kept up for the propagation of venereal amongst British soldiers, though originally established with a very different intention." (Page 30.)

(34.) The Sanitary Commissioner for Madras says:—

" . . . All our efforts to improve matters have been of no avail." (Page 96.)

(35.) The Army Sanitary Commission says:—

"The whole subject appears to be surrounded with insurmountable difficulties, for in every Government the disease has advanced in the face of every means of prevention which have been adopted." (Page 153.)

(35a.) In 1885-86, certain hospitals were closed "experimentally," but under such conditions as to deprive the experiment of any interest or value which might otherwise have resulted from it.

LORD ROBERTS ISSUES REMARKABLE INSTRUCTIONS.

(38.) Under instructions from Sir F. S. (now Lord) Roberts, then Commander-in-Chief, Major-General Chapman, the Quartermaster General, issued a "Circular Memorandum, addressed to General Officers Commanding Divisions and Districts," dated 17th June, 1886. [This Memorandum was afterwards issued as Parly. Paper No. 197, of 1888, from which the following extracts and references are taken.] After pressing the importance of Army Surgeons "being prepared to study and practise" the treatment of venereal diseases, he says:—"Where lock hospitals are not kept up, it becomes necessary, under a regimental system, to arrange for the effective inspection of prostitutes attached to regimental bazars, whether in cantonments or on the line of march. . . ."

"In the regimental bazars it is necessary to have a sufficient number of women, to take care that they are sufficiently attractive, to provide them with proper houses, and above all to insist upon means of ablation being always available."

"If young soldiers are carefully advised in regard to the advantage of ablation, and recognise that convenient arrangements exist in the regimental bazar, they may be expected to avoid the risks involved in association with women who are not recognised by the regimental authorities. . . ."

"Frequent medical inspections should be ordered, and every endeavour should be made to make the men realize their own responsibility in assisting their officers, by indicating the women from whom disease has been acquired."

"Much may be done to encourage a feeling amongst the men that it should be a point of honour to save each other where possible from risk in this matter. . . ."

Then follows a *precis* of twelve circulars issued in the Quartermaster General's Department during the preceding 16 years, from which the following extracts are taken:—

"No. 43, dated 20th July, 1870."—"Officers commanding troops on the line of march to ensure the effective inspection of prostitutes attached to their regimental bazars."

"No. 35, dated 8th May, 1876," No. 69, dated 26th November, 1883," "No. 42, dated 12th July, 1884," are referred to in pars. 15, 26, and 31 of this pamphlet.

LORD ROBERTS' INSTRUCTIONS PROMPTLY COMPLIED WITH.

(37.) 9th July, 1886. The officer commanding the Connaught Rangers at Jullunder wrote to the Assistant Quarter-Master General:—"The cantonment magistrate has already on more than one occasion been requested to obtain a number of younger and more attractive women, but with little or no success; he will be again appealed to . . ." He further urges as desirable that the cantonment magistrates should "give all possible aid to commanding officers in procuring† a sufficient number of young, attractive and healthy women.*" (*Part of this document is unfit for publication.*)

9th July, 1886. On the very same day a similar application was made to the cantonment magistrate at Umballa as follows:—

2ND CHESHIRE REGIMENT.				
Requisition for extra attractive women for Regimental Bazar . . . in accordance with Cir. Memo., No. 21a. Office of the Qr.-Mr. General in India, dated Simla, 17th June, 1886.*				
Station.	Strength of N.C. Officers and Men.	No. of women present	No. of extra women now required.	REMARKS.
†Solon, 9 July, 1886.	400	6	6	These women's fares by Ekkas (2) from Umballa to Solon will be paid by the Cheshire Regiment on arrival. Please send young and attractive women, as laid down in Qr.-Mr. General's Cir. No. 21a, dated Simla, 17.6.86.

This requisition not being promptly complied with, the Assistant Quarter-master General was appealed to on the 6th August, as follows:—"Some of the women now with the headquarters of the 2nd Battalion Cheshire Regiment are not very

† Procuring for prostitution is a criminal offence in England, punishable by two years' imprisonment, with or without hard labour.

† Persons here referred to as "women" are in many cases very young girls. Major-General Sir W. Elles, K.C.B., commanding Rawal Pindi District, said in 1893:—"The probability is that prostitution is practised at even younger ages" than 15 or 16. (Report of Departmental Committee, C-7148, of 1893, p. 383.) Major-General Viscount Frankfort, commanding Lahore District, said, "It is roughly estimated that 50 per cent. are of the age of 14 to 16 or so. (Idem, p. 418.)

|| Ekkas are one-horse conveyances used by natives.

* See Paragraph 36.

† Solon, near Simla, is described in Hunter's Gazetteer as "a small cantonment and hill sanitarium."

attractive, and application has been made to the Cantonment Magistrate, Umballa, for others, but up to date none have arrived, therefore, it is presumed, a great difficulty exists in procuring the class of young women[¶] asked for."[§]

24th July, 1886. The officer commanding the Artillery at Jullunder, wrote:—"There are not enough women, and they are not attractive. More and younger women[¶] are required, and their houses should be improved."

28th July, 1886. The officer commanding at Jutogh, wrote:—"I have ordered[‡] the number of prostitutes to be increased to twelve, and have given special instructions as to the four additional women[¶] being young and of attractive appearance."

REGULATION—WHAT COMES OF IT?

(38.) From numerous passages in the "Report of the Working of the Lock Hospitals in the N.W.P. and Oudh for 1886," issued by Surgeon-Major J. Richardson, Officiating Sanitary Commissioner for those provinces, it would appear that the zeal of the medical officers was hardly behind that of the military. Out of very many startling phrases used, a few specimens may be quoted,—the number of women being "too small for so large a garrison" (par. 3)—"registered women are detailed to accompany batteries and regiments into camp" (par. 14)—"endeavour to induce a greater number of prostitutes to reside in cantonments by making their residence there more attractive" (par. 22) — "assistance would be given from the cantonment funds . . . to enable the women to furnish their houses so as to make them convenient both for themselves and their visitors" (par. 22)—"the fewness of the registered prostitutes, their advanced age and ugliness are given as the reasons which render them unpopular with the soldiers . . . but it would probably be found difficult to replace these women, as the medical officer proposes, by others, who are younger and better looking" (par. 28) — "unlicensed prostitutes" "induce the soldiers to neglect the registered women" (par. 32)—"a number of these women were allowed to go to the

[‡] See footnote on "procuring," bottom p. 17.

[§] It will be remembered the same difficulty in obtaining prostitutes was expressed by Dr. Ross (see par. 5 of this pamphlet).

[¶] See footnote on "women," p. 17.

* This and the immediately preceding quotation bring into a focus three salient facts again and again referred to by the authorities, viz.:—(1) The constant presence of "illicit" prostitution, baffling every effort to bring it under the regulations, and contributing to their failure; (2) The preference of the soldiers for these "clandestine" women; and (3) The consequent necessity for maintaining a high degree of attractiveness in the regulation brothels and women, in order that they might successfully compete with the illicit class. Hence the demand for "young and attractive women" was no mere excrement, no occasional indiscretion of over-zealous officials, but inevitably grew out of the rigorous exigencies of the Regulation system.

musketry camp" (par. 35)—"daily examinations" (par. 50, see also pars. 12, 18, 32, 69)—changing the "women in the regimental brothels, others being substituted for them at intervals;" (par. 68) "the regimental matron lacks energy, and does not take trouble to attract good-looking women" (par. 73)—the houses should be "made comfortable for the prostitutes and those who visit them" (par. 80).

It is stated in more than half these stational reports that some of the women "absconded"—a term hardly compatible with the idea of their being voluntary agents (pars. 9, 18, 30, 36, 49, 55, 60, 79).

MODIFICATION AND SUSPENSION ORDERED.

(39.) Spring of 1888. Information having been received, and the Circular referred to in par. 36 having come to light, numerous questions were asked in the House of Commons, and ultimately, on the 14th May, Sir John Gorst, Under-Secretary for India, announced that " . . . the Commander-in-Chief has prohibited women from accompanying regiments on march or camp, and also from residing in regimental bazars. The administration of the Contagious Diseases Acts . . . has been suspended . . . and a despatch is going out . . . which will prohibit the compulsory examination of women and the making of any regulations which can be justly construed into a licensing of prostitution."

15th May, 1888. Lord Cross made a similar statement in the House of Lords, adding:—" . . . the action which the Government of India had taken was the suspension of the operation of the Acts . . ."

RESOLUTION OF THE HOUSE OF COMMONS.

5th June, 1888. The following resolution, moved by Mr. McLaren, was carried in the House of Commons without a Division: "That in the opinion of this House, any mere suspension of measures "for the compulsory examination of women, and for licensing and "regulating prostitution in India, is insufficient; and the legislation "which enjoins, authorises, or permits such measures, ought to be "repealed."

REPORT ON SANITARY MEASURES IN INDIA, 1892-93.‡

(40.) The Sanitary Commissioner with the Government of India, says:—

"But if the lock hospitals really possessed anything like the protective power that was expected from the institution of them, it is reasonable to expect that no cause or influence should have prevailed against them. Nor should they, if the working of them reached all those persons against whom it was intended to protect

[‡] See footnote on page 7.

the troops. It has long been recognised by persons conversant with their management that such was not the case and probably could not in practice ever be made the case." (Page 58.)

(41.) The Army Sanitary Commission, commenting on the Report of the Sanitary Commissioner, says :—

"In a separate memorandum which we submitted in December, 1893, we discussed this question at some length, and gave the reasons why we arrived at the conclusion that the evil had been very slightly mitigated in India under the lock hospital system, and that the re-introduction of this system on sanitary grounds could not be recommended." (Page 160.)

A COMPREHENSIVE OFFICIAL REVIEW.

(43.) A specially important "Memorandum, by the Army Sanitary Commission, on the statistics . . . for the year 1892," says :—

"That venereal diseases prevail among European soldiers in India to such an extent as to constitute a most serious cause of inefficiency in the Army is a fact which admits of no question, and the grave character of which can hardly be exaggerated . . .

"2. But while there is no doubt whatever as to the vast extent of this evil, there is a great difference of opinion as to what may or can be done to check it. Many people treat the whole matter as if both the cause and the remedy were very simple. The lock hospitals, they say, have been abolished, and hence venereal diseases prevail; re-establish these hospitals and this prevalence will be checked; hundreds of soldiers who now fill the hospitals will then be doing their duty, and, instead of labouring under a disease which they may very likely transmit to their children, they will then be healthy and in due time the fathers of healthy families.

"3. If these opinions were correct, we should not hesitate to urge that the lock hospital system should be re-established in India without delay, and that it should be carried out with unremitting care and attention; but, unfortunately, the facts do not support such opinions. . . .

"4. We have said that the hopes of reducing venereal disease among the troops by means of lock hospitals which were formed by the Sanitary Department in India, were not realised. Not only did these hospitals fail to effect a reduction in the ratio of venereal cases among European troops, but, as it happens, these diseases increased during the term of years in which they were in full operation. On this point we may refer to our memorandum on the Report of the Sanitary Commissioner with the Government of India for 1889.

"10. The facts, so far as we can ascertain them, lead us to the conclusion that a compulsory lock hospital system in India has proved a failure, and that its re-institution cannot consequently be advocated on sanitary grounds. In stating this conclusion, we may add that we are merely repeating the opinion which the Army Sanitary Commission have uniformly held, that venereal diseases in the Army of India could not be repressed by such restrictive measures, and in support of this statement we may refer to the memoranda on the Indian Sanitary Reports which have issued from this office for many years. We believe that the best practicable means of diminishing the prevalence of these diseases is to be found in establishing a system of voluntary lock hospitals, and in providing the soldier, as far as possible, with healthy occupation and recreation.

"11. . . . Commanding officers should also be urged to encourage in every way all forms of athletic amusement, as physical fatigue acts as a deterrent to sexual indulgence.

"12. . . . We may remark that statistical returns from the Army Medical Department, showing the amount of venereal disease in the Army at home during the period when the Contagious Diseases Acts were in force as compared with the period since their abolition, do not show that any more favourable results obtained during the time the Acts were in operation. . . . As a matter of fact the ratio of admissions per 1,000 has decreased since the Acts have been abolished." (Parliamentary Paper, No. 318, of 1895, Pages 25-28.)

REPORT ON SANITARY MEASURES IN INDIA, 1893-94.

(42.) The Army Sanitary Commission, commenting on the Report of the Sanitary Commissioner, says :—

"It is hard to conceive a more unsatisfactory state of things in every way, but how it is to be remedied is a problem which we confess we have been altogether unable to solve. . . . We have not recommended the re-establishment of lock hospitals,† partly because we are well aware that any recommendation of this kind would be a mere waste of time, and still more so, because the beneficial results of lock hospitals in India during the time they were in force fell far short of what had been anticipated, and are not such as favour their being revived. . . . We draw attention to the figures to show how beset with difficulty the subject is, and that the vast amount of inefficiency which these diseases cause cannot be so easily removed, as many seem to suppose." (Page 169.)

† See App. I. for explanation of this term.

THE AUTHORITY OF PARLIAMENT DISREGARDED.

(44.) 31st August, 1893. A Departmental Committee (appointed by Lord Kimberley to inquire into the truth of allegations, that, notwithstanding the resolution of the House of Commons of the 5th June, 1888, the practices therein alluded to had not been discontinued) reported that in all the stations in regard to which the allegations had been made and evidence given, such practices were still being carried on; and "(7) That this system and the incidental practices above described did not . . . accord with the accepted meaning and intention of the Resolution of the House of Commons." (Blue Book [C. 7148], of 1893, Page xxv.)

It has not been disputed that at many, or all, of the other cantonments in India, practices prevailed similar to those proved to exist in all the ten stations where investigations had been made; and it will be remembered that a similar disregard of orders is stated to have prevailed between the years 1830-38. (Compare paragraph 2, page 4.)

DECLARATION OF THE SECRETARY FOR WAR.

(45.) 13th June, 1894. During a debate in the House of Commons, on Army Estimates, the Right Hon. Sir Henry Campbell-Bannerman, then Secretary of State for War, said:—"I approach this subject from a very neutral position, because I was never what may be called a fanatic in opposition to the Contagious Diseases Acts. I did not take the extreme view that was adopted by some of my hon. friends. . . . With regard to India, . . . the very best advice I can obtain goes to show me that the disease was not materially diminished, when extreme restrictive practices and regulations were enforced, and that since these extremely rigorous regulations have been removed, no material increase of disease has manifested itself."

AN AUDACIOUS PROPOSAL.

(46.) 26th August, 1896. *The Morning Post* (Allahabad), in a leading article, suggested that a society should be set on foot for the purpose of establishing brothels on a sort of philanthropic basis. It says:—"The matter is a delicate and unpleasant one, but this should not be made a reason for shirking it as there has hitherto been too much inclination to do. If money were available, there would be little difficulty in getting responsible people to support and conduct well-managed establishments in every cantonment; and we cannot see how this would infringe any enactment on the subject. . . . The fanatics, of course, would shriek, but are their shriekings at all worth considering. . . ?

THE "LANCET" ADMITS FAILURE.

(47.) 12th September, 1896. The *Lancet* says:—"Taking the lock hospital system as it existed and as it was worked in the past, there can be no doubt that the results were disappointing, but we do not at all argue from that that it should be abolished; on the contrary, the whole system should be amended and re-constructed, and a new machinery introduced, with a view of seeing whether something far more efficacious cannot be designed What is wanted is to see if some new, simple, and practical plan cannot be designed to cope with the evil. . . ."

It is clear that the *Lancet* is conscious of complete failure. It is not known whether the editor contemplates the proceedings recommended by the Allahabad *Morning Post*.

CONCLUSION.

(48.) It is to be hoped that those who suggested—in the House of Commons, in the newspapers, and elsewhere—that the Regulation system should be re-established in India, were ignorant of its utter failure in the past, and unconscious of its inherent immorality.

In the examination of the documents from which the quotations have been taken, there has not been found a trace of evidence that any one man of the thousands—mostly young—annually sent to India, has ever had a single word of advice, official or unofficial, urging him to lead a moral life. Efforts have no doubt been made here and there by individuals, chaplains or officers, but no trace of evidence has been found that they have ever had a word of thanks or that any stimulus or encouragement has been given generally which might lead others to make similar efforts.

Is it not high time to do something in this direction, and to abandon all idea of repeating futile efforts to make vice safe and even attractive?

NOTE, NOV., 1900.—Brief references to more recent events will be found in App. II.

APPENDICES.

APPENDIX I.—EXPLANATION OF TERMS.

BAZAR.—Officially described as "A street occupied by shops; a collection of shops, often extended to the whole quarter in which the bazar is situated; used in military parlance to signify also the body of traders and followers who accompany the regiment on the march." **REGIMENTAL BAZAR.**—Shops, &c., as above, "occupied by traders and others who have been allowed to settle within regimental limits for the convenience of the troops." When these terms are used in the quotations in this pamphlet they are always understood to mean the quarters where prostitutes reside. **LAL BAZAR** has the same meaning.

CANTONMENT.—Military regulations say:—"A military cantonment is, as its designation implies, a locality set apart primarily for military and medical officers, chaplains, soldiers, subordinates attached to the troops, and the officers and subordinates of all departments connected with the housing and supplies of the troops for whom houses situated within such limits are by priority of right available."

"All land included within cantonment boundaries is the property of Government. Portions of it are allotted for building purposes to private individuals, free of ground rent, but subject to certain very stringent conditions, under which the military authorities can at any time appropriate the buildings if needed for Cantonment purposes, and can resume the land at pleasure on payment of compensation."

Cantonments sometimes adjoin the places from which they take their name, in other cases are several miles from it. They are of various areas and populations. One of them, Umballa, covers 14½ square miles, with a population of 50,000. The governing authority in a cantonment is "the officer commanding the station, advised by the Cantonment Committee, through his executive officer the Cantonment magistrate," "they regulate the place of residence of all inhabitants of Cantonment land," and exercise "the most comprehensive powers of minute interference and control."

CANTONMENT REGULATIONS.—These, which applied only to military stations, were the principal means by which the Regulation (or "Lock Hospital" system, see below) was carried out in India. They were issued under powers conferred by Cantonment Act XXII. of 1864 (afterwards superseded by Act III. of 1886) for Bengal; by Cantonment Act I. of 1866 for Madras; and by Cantonment Act III. of 1867 for Bombay. [In 1887, 54 Cantonments were under the Bengal Rules, 7 under the Madras Rules, 9 under the Bombay Rules—70 in all.] The foregoing Acts were all repealed and superseded by Cantonment Act XIII. of 1889.

CONTAGIOUS DISEASES ACT.—This was Indian Act XIV. of 1868. It was applied to the cities of Calcutta, Bombay, Madras, Lucknow, and five places in British Burma. In 1887 it was only in operation in the cities of Madras and Bombay. It was finally repealed on the 5th September, 1888. Though it was thus of very limited operation, the term "C.D. Act," or "C.D. system," is often applied, incorrectly, to Cantonment Regulations also.

LOCK HOSPITAL.—This term is used in India, not merely for a hospital in which venereal diseases are treated, but it stands for and includes the whole Regulation system, comprising police supervision of prostitution, medical inspection of women, and imprisonment in hospital of such as are found to be diseased. So that when Lock Hospitals are said to be "opened" or "closed," it means the adoption or abandonment of these practices.

APPENDIX II.—OUTLINE HISTORY OF REGULATION TO 1900.

The regulation of vice was carried out in India irregularly, in many regiments, from the early part of the century to 1864. In that year an attempt was made to systematise it by Cantonment Regulations, supplemented in 1868 by the Indian Contagious Diseases Act.

Contemporaneously in England, Contagious Diseases Acts were passed, with a great deal of secrecy, in the period 1864-1869. In 1869 opposition began. When this opposition had made itself sufficiently felt, certain Commissions and Committees were appointed by Government to consider the question, and variations in the police procedure were proposed as compromises, but were rejected by those who regarded the whole system as immoral. In 1883 the operation of the Acts was suspended, and in 1886 they were repealed.

Meantime, in 1875, an International Federation for the Abolition of State Regulation of Prostitution was formed. Its principles have been advocated in most Continental countries. The Regulation system is largely discredited. In many localities it is already abolished. The Federation has held Conferences or Congresses annually in various European cities, including London.

On the 5th June, 1888, the House of Commons passed a resolution condemning the Indian system (see par. 39, page 19). This pronouncement was never frankly accepted in India. On the 11th October, 1889, the Cantonment Act of 1889 received the assent of the Viceroy. This measure was well described by the Calcutta *Statesman* as "a distinct evasion of the will of the English people, pronounced through the House of Commons." Other protests were raised in the Press and in various quarters. The Calcutta Missionary Conference protested against the Rules under the new Act as contrary to the resolution of the House of Commons, and re-enacting the old Regulations. On the 14th February, 1890, the Right Hon. James Stansfeld, M.P., and Mr. James Stuart, M.P., wrote an important letter to Lord Cross, pointing out that the proposed Draft Rules "may be used to set up again the system of compulsory examination of prostitutes, and to regulate and license, within the Cantonment, the calling of those prostitutes," &c., &c. [C—7148, of 1893, p. viii.]

Having information from several quarters that the condemned practices were still in active operation, the British Committee of the Federation, in the autumn of 1891, arranged with Mrs. Andrew and Dr. Kate Bushnell to make a thorough investigation in India, which resulted in a terrible exposure as to the state of affairs. Their revelations were categorically denied by Lord Roberts.

In April, 1893, the Government was induced to appoint the Departmental Committee referred to in Par. 44 of this pamphlet. The Committee took the evidence of Mrs. Andrew and Dr. Bushnell, of Mr. Bell, of official witnesses from India, and of Lord Roberts himself. Thereupon the majority reported that what was going on was not in "accord with the accepted meaning and intention of the resolution of the House of Commons." Lord Roberts was obliged to admit the truth of the statements which he had so emphatically denied, and he apologised to the ladies for having contradicted them. Considerable correspondence took place between the Indian Office and the authorities in India, with the result that on the 8th February, 1895, Act V. of 1895 was passed, in India, prohibiting any recurrence to the Regulation system. (Parly. Paper 318, of 1895, p. 73.)

In 1896 an agitation, fomented chiefly by military men, arose in Parliament and elsewhere for a return to the Regulation system in India, yielding to which Lord George Hamilton, Secretary for India, appointed a Departmental Committee to report what changes, if any, had recently taken place in the prevalence, character, and intensity of venereal diseases. The report of this Committee recommended a return to the Regulation system. [C—8379, of 1897.]

This was accompanied, and supported, by a Memorandum by the Army Sanitary Commission, which, as the numerous extracts in this pamphlet show,

had for many years steadily denied the sanitary advantage of the Regulation system. The Commission now changed its front, and maintained that Regulation had "exercised a very sensible influence in checking increase" of disease. [C-832, of 1897.] It must be noted, however, that important alterations had been made in the constitution of the Commission, three members having been changed, and an additional member added to the Commission, making nine members instead of eight as formerly. What is still more important is that one of the three who retired was Surgeon-General J. Cunningham, an officer of great Indian experience, and a strong opponent of the Regulation system; while one of those who joined the Commission as recently as July, 1896, was Surgeon-Colonel J. Richardson, a pronounced Regulationist. Four months later, Dr. Richardson was placed on the Departmental Committee of 1896.

Lord George Hamilton acting on the representations of the Committee (and of the Army Sanitary Commission, constituted as just described), intimated to the Indian authorities that the home Government was prepared to change its attitude in reference to this question; and after some correspondence, the Indian Government, with Lord George Hamilton's approval, passed, on the 22nd July, 1897, an Act repealing Act V. of 1895, thus clearing the ground and opening the door for the reintroduction of the old practices. [C-8538, of 1897.]

At the same time new rules were framed under the Cantonment Act of 1889. These rules make provision for the establishment and maintenance of non-military hospitals in which a ward for the treatment of persons suffering from venereal disease will be a necessary part (Rule 3). The Medical Officer of this hospital can summon to it any woman whom he has *prima facie* grounds for believing to be suffering from venereal disease, can there examine her, and can detain her, if found to be suffering, until cured (Rule 10). The penalty for non-attendance or for leaving hospital without permission is expulsion from the Cantonment (Rule 11). Further, the Cantonment authority can set aside a particular quarter for brothels and prostitutes by prohibiting the keeping of a brothel or the residence of prostitutes in all other parts of the Cantonment (Rule 12). The carrying out of these Rules is entrusted to specially selected members of the British Military Police (Rules 14 and 16.) Here are all the elements of the Regulation System. [C-8910, of 1898.]

Meantime the British Committee of the International Abolitionist Federation had presented to the Secretary of State for India a Memorial urging that "an honest attempt must be made to diminish the vice which is the cause of disease," and making various suggestions in that direction. [C-8495, of 1897.]

On the 14th July, 1897, a General Order was issued by Sir George White, then Commander-in-Chief in India, urging the importance, amongst other things, of using every means "to draw the men from the bazars and other neighbourhoods frequented by loose women," and "that greater efforts should be made to induce our soldiers to practice self control." [C-9025, of 1898.]

This was followed on the 28th April, 1898, by a Memorandum by Lord Wolseley, Commander-in-Chief, which carried the matter a step further, and for the first time in the history of the country placed an official curse on sexual immorality. It included the important declaration, in reference to promotion, that "no man, however efficient in other respects, should be considered fit to exercise authority over his comrades if he is of notoriously vicious and 'intemperate habits.'" [C-9019, of 1898.]

Thus alongside of the re-enactment of Regulation in India there was an entirely new departure, viz., the official discouragement of immorality. There has since been a remarkable diminution in the statistics of disease which it would be unreasonable to attribute to the revival of a system which had notoriously failed in the past; and the reduction may more reasonably be claimed for the new factor which has come into operation, viz., the improved attitude of the authorities towards morality.

APPENDIX III.

Those who desire further information and especially to acquaint themselves with some of the moral, constitutional, and medical objections to the Regulation system, are referred to the following, among other, publications, most of which may be obtained post free at the prices stated, from the Secretary of the British Committee, 17, Tothill Street, Westminster:—

- A COMPARATIVE SURVEY OF LAWS IN FORCE FOR THE PROHIBITION, REGULATION, AND LIXING OF VICE, IN ENGLAND, AND OTHER FOREIGN COUNTRIES. By *Professor Sheldon Amos* (1877). (500 pages, 12/6.)
1. LIMITS OF LEGITIMATE LEGISLATION. By *Wm. Shaen*. (1877.) (1d.)
 2. IS CHASTITY BENEFICIAL? ETC. By *Dr. J. B. Nevins*. (1d.)
 11. REPORT OF THE ARMY SANITARY COMMISSION, 1892 (reprinted 1895.) (1d.)
 12. A DOOMED INIQUITY (1896). By *Mrs. Josephine E. Butler*. (1d.)
 13. PERSONAL REMINISCENCES OF A GREAT CRUSADE. By *Mrs. J. E. Butler*. (5/-)
 - DITTO. Second Edition (abridged). (5/6.)
 16. UNDERSTOOD BUT NOT EXPRESSED. A GENERAL VIEW OF THE REGULATION SYSTEM. By *Jos. Edmondson*. (14d.)
 17. AN ENQUIRY INTO THE CAUSES OF THE GREAT SANITARY FAILURE, ETC. (1897). By *Jos. Edmondson*. (1d.)
 20. MEMORIAL ADDRESSED TO LORD GEORGE HAMILTON (15th APRIL, 1897). (1d.)
 23. THE SOLDIER AND HIS MASTERS (Reprinted from *Contemporary Review*). (1d.)
 24. SPEECH BY PROF. STUART AT MEETING OF FEDERATION, 21ST MAY, 1897. (1d.)
 25. SPEECH BY SIR J. STANSFELD AT ANNUAL MEETING OF L.N.A., 9TH JULY, 1897. (1d.)
 29. MEMORANDUM ON THE CONTEMPLATED REINTRODUCTION OF THE CONTAGIOUS DISEASES ACTS. By *the Ven. Archdeacon Wilson*. (1d.)
 30. THE CHURCH AND THE INDIAN ARMY. By *Philalethes*. (1d.)
 32. HOW FAR PAST REGULATION HAS PROVED EFFECTIVE IN SECURING THE HEALTH OF THE TROOPS IN INDIA, ETC. A Lecture by *Major C. B. Mayne, R.E.*, 1897. (2d.)
 33. SPEECH BY MRS. HENRY FAWCETT (OCTOBER, 1897). (2d.)
 35. THE QUEEN'S DAUGHTERS IN INDIA. By *Elizabeth W. Andrew and Katharine C. Bushnell*. (1/12)
 38. MEDICAL WOMEN'S MEMORIAL (MARCH, 1898). (1d.)
 41. INTERVIEW WITH ARCHDEACON WILSON. Second Edition (1899). (1d.)
 42. REGULATED VICE AND THE WHITE SLAVE TRAFFIC. (2d.)
 43. PREVENTIVE HYGIENE—THE BRUSSELS CONFERENCE, 1899 (1900). (1d.)
 44. SOME POINTS IN REFERENCE TO ARMY REFORM. By *Jos. Edmondson* (1900). (1d.)
 105. STATE SANCTION OF VICE (1899). (1d.)
 - 106A. THE TRUE METHOD OF IMPROVING THE HEALTH OF THE ARMY IN INDIA. (1d.)
 - 108A. STATE REGULATION OF VICE ILLUSTRATED BY THE CONTAGIOUS DISEASES ACTS. By *Mrs. J. E. Butler*. (1d.)
 110. WHAT IS REGULATION OF VICE?—A CLEAR ANSWER. By *the Ven. Archdeacon Wilson* (1899). (1d.)
 111. THE BRUSSELS CONFERENCE OF 1899. (1d.)
 112. SPEECH BY MR. JONATHAN HUTCHINSON AT THE BRUSSELS CONFERENCE (1900). (1d.)
- The following relate to certain proposals in reference to Notification and Detention in Workhouses:—
36. FACTS *versus* PANIC. By *Prof. Stuart and H. J. Wilson, M.P.* (1898). (1d.)
 113. COMPULSORY DETENTION IN THE LOCK WARDS OF WORKHOUSES. By *an English M.D.* (1900). (1d.)
 - AN OLD FOE IN A NEW DRESS. By *an English M.D.* Fourth Edition (1900). (1d.)

32313

**END OF
TITLE**